



Pd Ck #607  
TMM 5/6/98  
\$10.00

For Ecology Use

Fee Paid \_\_\_\_\_

Date \_\_\_\_\_

State of Washington

## Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

### Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Sarah Moreno and Raul Negrete Home Tel: (509) 682-8405  
Mailing Address P.O. Box 687 Work Tel: (509) 682-4447  
City Chelan State Wa Zip +4 98816 + \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name Sara Moreno and Raul Negrete Home Tel: (509) 682-8405  
Mailing Address P.O. Box 687 Work Tel: (509) 682-4447  
City Chelan State Wa Zip +4 98816 + \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

### Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 5 (Five)  
☐ cubic feet per second) from a ☒ surface water source or ☐ ground w  
purpose(s) of Water for small garden and fire

DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE

not sufficient. SBC ATTACHED

Estimate a maximum annual c \_\_\_\_\_ per year: ?

☐ Check if the water use \_\_\_\_\_ project. Indicate the period or time that the water will be  
needed: \_\_\_\_\_  
From \_\_\_\_\_

### Section 4. WATER

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for _____ well(s).
Number of diversions: <u>unnamed spring</u>	
Source flows into (name of body of water): <u>no</u>	Size & depth of well(s):

### LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

2250' N x 1500' E FROM THE SW CORNER SEC. 34

1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SW</u>	<u>SW</u>	<u>34</u>	<u>27</u>	<u>23</u>	<u>Douglas</u>	<u>28</u>		

For Ecology Use Date Received: MAY 6, 1998 Priority Date: MAY 6, 1998

SEPA: Exempt/Not Exempt \_\_\_\_\_ FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_

Date Accepted As Complete \_\_\_\_\_ By \_\_\_\_\_ Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 50



## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: \_\_\_\_\_
- B. Briefly describe your proposed water system. (See instructions.)  
PVC Pipe - Not Buried - Summer use only
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO  
PROVIDE DOCUMENTATION.

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 1 Type of connection Home  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO  
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☒ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 1/2 more or less
- B. List total number of acres for other specified agricultural uses:
- |                   |                  |
|-------------------|------------------|
| Use <u>Garden</u> | Acres <u>1/4</u> |
| Use _____         | Acres _____      |
| Use _____         | Acres _____      |
- C. Total number of acres to be covered by this application: 1 acre approx
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO  
If yes, enter permit no: \_\_\_\_\_
- E. Farm uses:  
Stockwater - Total # of animals \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_



## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? 1,000 gallon Tank ☒ YES ☐ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

1/2 miles from B-B Bridge Towards Wenatchee Take 1st left  
on Chelan Hills Rd. stay on Road to Salt Block, Left on Salt Block.  
Top of Salt Block --- Salt Block turns into Farnham Flats. stay on Farnham  
Flats go Approximately one mile on Farnham until you see large water  
tank (about 500 gal - OPEN Tank).

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? yes ☒ YES ☐ NO  
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

for normal grass watering Domestic and in case of Fire

B. Does the applicant own the land on which the water source is located? ☐ YES ☒ NO  
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Raul Negrete  
Applicant (or authorized representative)

5-4-98  
Date

Same  
Landowner for place of use (if same as applicant, write "same")

\_\_\_\_\_  
Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):		
_____ Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete		APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested above and return your application by _____ _____ (date).		

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).